

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6	x	2					56						
7		2					57						
8		2					58						
9		1					59						
10		11					60						
11		2					61						
12		1					62						
13		2					63						
14	1						64						
15		1					65						
16		2					66						
17		3					67						
18		3					68						
19		2					69						
20		2					70						
21		2					71						
22		2					72						
23		1					73						
24		1					74						
25		2					75						
26		1					76						
27		2					77						
28	1						78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	48		4	48			TOTAL IND.						
TOTAL DEP.	4848		48				TOTAL DEP.						
TOTAL CLAIMS	52		52				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS